

**APPLICATION DATA SHEET****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 3763  
Title:: METHOD OF CLOSING AN OPENING IN A WALL  
OF THE HEART  
Attorney Docket Number:: MVMDINC.5P2D2C  
Suggested Drawing Figure:: 16  
Total Drawing Sheets:: 16  
Small Entity?: No

**Inventor Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Chad C.  
Family Name:: Roue  
City of Residence:: Fremont  
State or Prov. of Residence:: CA  
Country of Residence:: United States  
Street:: 845 Posada Way  
City:: Fremont  
State or Province:: California  
Postal or Zip Code:: 94536

**Inventor Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Andrew G. C.  
Family Name:: Frazier  
City of Residence:: Sunnyvale  
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Country of Residence:: United States  
Street:: 517 Fern Ridge Court  
City:: Sunnyvale  
State or Province:: California  
Postal or Zip Code:: 94087

#### **Inventor Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael D.  
Family Name:: Lesh  
City of Residence:: Mill Valley  
State or Prov. of Residence:: CA  
Country of Residence:: United States  
Street:: 301 Monte Vista Avenue  
City:: Mill Valley  
State or Province:: California  
Postal or Zip Code:: 94941

#### **Inventor Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Erik J.  
Family Name:: van der Burg  
City of Residence:: Los Gatos  
State or Prov. of Residence:: CA  
Country of Residence:: United States  
Street:: 16417 Peacock Lane  
City:: Los Gatos  
State or Province:: California  
Postal or Zip Code:: 95032

**Correspondence Information**

Correspondence Customer Number:: 20,995  
Phone Number:: (949) 760-0404  
Fax Number:: (949) 760-9502  
E-Mail Address:: jhayes@kmob.com

**Representative Information**

Representative Customer Number:: 20,995

**Domestic Priority Information**

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Continuation of   | 09/904,790           | 07/31/01             |
| 09/904,790       | Divisional of     | 09/444,904           | 11/22/99             |

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| Application:: | Continuity Type::       | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------------|----------------------|----------------------|
| 09/444,904    | Continuation-in-part of | 09/399,521           | 09/20/99             |

**Assignment Information**

Assignee Name:: ev3 Sunnyvale, Inc.  
Street:: 777 North Pastoria Avenue  
City:: Sunnyvale  
State or Province:: CA  
Postal or Zip Code:: 94086